



**University of
Zurich**^{UZH}

**Zurich Open Repository and
Archive**

University of Zurich
University Library
Strickhofstrasse 39
CH-8057 Zurich
www.zora.uzh.ch

Year: 2013

**Note of clarification concerning our article: controversies in the
determination of death: perspectives from Switzerland**

Rid, Annette ; Monteverde, Settimio

DOI: <https://doi.org/10.4414/smw.2013.13782>

Posted at the Zurich Open Repository and Archive, University of Zurich

ZORA URL: <https://doi.org/10.5167/uzh-195269>

Journal Article

Published Version



The following work is licensed under a Creative Commons: Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0) License.

Originally published at:

Rid, Annette; Monteverde, Settimio (2013). Note of clarification concerning our article: controversies in the determination of death: perspectives from Switzerland. Swiss Medical Weekly, 143:13782.

DOI: <https://doi.org/10.4414/smw.2013.13782>

Note of clarification

Annette Rid, Settimio Monteverde

Department of Social Science, Health & Medicine, King's College London, and Institute of Biomedical Ethics, Zürich, Switzerland

Concerning our article "Controversies in the determination of death: perspectives from Switzerland" [1]

The Swiss Academy of Medical Sciences (SAMS) helpfully pointed out that one of our claims about the "whole brain" approach for donation after cardiac arrest requires clarification. Drawing on data from resuscitation research, we argue that a loss of brain function may not be irreversible after ten minutes of cardiac arrest. However, these data only provide limited evidence for our claim. First, the cardiac activity of the patients in the cited resuscitation studies was not assessed by means of transthoracic echocardiography. It is therefore possible that they had residual cardiac and circulatory function prior to being resuscitated. Second, investigators did not perform a neurological exam before initiating their resuscitation.

For both reasons, it is not clear that the evidence from resuscitation studies can be extrapolated to patients who fulfil the SAMS criteria for diagnosing death after permanent cardiac arrest – namely 1) the documented absence

of cardiac activity and 2) a clinical diagnosis of "whole brain" death after a stand-off period of at least 10 minutes without resuscitation measures. However, while acknowledging this limitation, we submit that there is no direct evidence to either support or refute the "whole brain" death approach for donation after cardiac arrest. In our view the data from resuscitation research, although clearly non-ideal, can and should be considered in evaluating the SAMS guidelines for determining death in the context of organ transplantation.

Correspondence: Annette Rid, MD, Department of Social Science, Health & Medicine, King's College London, Strand, London WC2R 2LS, United Kingdom. annette.rid@kcl.ac.uk

Reference

- 1 Monteverde S, Rid A. Controversies in the determination of death: perspectives from Switzerland. *Swiss Med Wkly.* 2012;142:w13667.